(1) PLACE OF BIRTH

County of Aiken

Township of Gidity Swamp

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 203 Registered No. 71
(For use of Local Registrar)

File No. 19641 — For State Registrar Only

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl

(4) Twin or Triplet: Twin

(5) Number in order of birth: 2
To be answered only in event of Twins or Triplets

(6) Are Parents Married: Yes

(7) DATE OF BIRTH: July 12 1923 (Month) (Day) (Year)

FATHER.

(8) FULL NAME: G W Durst

(9) PRESENT POSTOFFICE OF FATHER: Wagener

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 60 (Years)

(12) BIRTHPLACE: SC

(13) OCCUPATION: Merchandise

(20) Number of children born to mother, including present birth: 9

MOTHER.

(14) NAME BEFORE MARRIAGE: Ellen Oswald

(15) PRESENT POSTOFFICE OF MOTHER: Wagener

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 34 (Years)

(18) BIRTHPLACE: SC

(19) OCCUPATION: House wife

(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W G Leader

(24) State whether Physician or Midwife: Phy

(25) Address of Physician or Midwife: Wagener

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by Midwife)

(27) Filed July 13 1923 (28) T C Rawl Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.